

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e. 12 character/inch).

FORM 3	DANGEROUS WASTE PERMIT APPLICATION	I. EPA/STATE I.D. NUMBER W A 7 8 9 0 0 0 8 9 6 7
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FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (mo., day, & yr.)	COMMENTS
		CLEAN CLOSED, 07/31/95

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA/STATE I.D. Number, or if this is a revised application, enter your facility's EPA/STATE I.D. Number in Section I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete Item below.)

MO.	DAY	YEAR
01	01	1975

*FOR EXISTING FACILITIES, PROVIDE THE
DATE (mo., day, & yr.) OPERATION BEGAN OR
THE DATE CONSTRUCTION COMMENCED (use
the boxes to the left)*The date construction of the Hanford Facility
commenced.☐ 2. NEW FACILITY (Complete item below)

MO.	DAY	YEAR

FOR NEW FACILITIES, PROVIDE
THE DATE, (mo., day, & yr.)
OPERATION BEGAN OR IS
EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Section I above)

☒ 1. FACILITY HAS AN INTERIM STATUS PERMIT☐ 2. FACILITY HAS A FINAL PERMIT

III. PROCESS - CODES AND CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the (Section III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS			
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
Disposal:					
INJECTION WELL	D80	GALLONS OR LITERS			
LANDFILL	D81	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided: Section III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
LAND APPLICATION	D82	ACRES OR HECTARES			
OCEAN DISPOSAL	D83	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D84	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING SECTION III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks; one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

A. PROCESS	B. PROCESS DESIGN CAPACITY

LINE NUMBER	CODE (from list above)	1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY			
X-1	S02	600	G				
X-2	T03	20	E				
1	T01	220	U				
2	S01	220	G				
3							
4							
5							
6							
7							
8							
9							
10							

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESS (CODE "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

T01, S01 - The 300 Area Solvent Evaporator was a treatment tank that was used to treat radioactively contaminated spent solvents. These solvents were generated in the fuel fabrication process at the 300 Area. The solvents consisted mainly of spent trichloroethylene, perchloroethylene, 1,1,1-trichloroethane and an ethyl acetate-bromine solution. Non-radioactive paint shop solvents that were potentially treated include methyl ethyl ketone, methylene chloride and petroleum naphtha. Treatment of the wastes occurred by evaporation in a Brooks Load Lugger tank with steam coils located on the side of the tank (T01). The unit was used to treat approximately 600 gallons of dangerous waste per year. This unit has not received dangerous wastes since November 1985 and the site will be closed under interim status.

A portion of the open air concrete pad adjacent to the 334-A Building (333 East Pad) was used periodically for storage of the Solvent Evaporator and radioactively contaminated spent solvents in DOT-specification 55 gallon steel drums (S01). The drums were temporarily stored on the concrete pad north of the Solvent Evaporator site until the waste solvents were placed in the Solvent Evaporator. No part of the overlying concrete that was placed above most of the 333 East pad in 1984 was used for storage or treatment of the 300 Area Solvent Evaporator wastes.

IV. DESCRIPTION OF DANGEROUS WASTES

A. **DANGEROUS WASTE NUMBER** - Enter the four digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle. If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four digit number(s) that describe the characteristics and/or the toxic contaminants of those dangerous wastes.

B. **ESTIMATED ANNUAL QUANTITY** - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** - For each quantity entered in column B enter the unit of measure code. Units of measurer which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE	METRIC UNIT OF MEASURE CODE
POUNDS	P
TONS	T
	KILOGRAMS
	METRIC TONS
	K
	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed dangerous waste: For each listed dangerous waste entered in column A select the code(s) from the list of process codes contained in Section III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed dangerous wastes: For each characteristic or toxic contaminant entered in Column A, select the code(s) from the list of process codes contained in Section III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed dangerous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: DANGEROUS WASTES DESCRIBED BY MORE THAN ONE DANGEROUS WASTE NUMBER - Dangerous wastes that can be described by more than one Waste Number shall be described on the form as follows:

1. Select one of the Dangerous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

2. In column A of the next line enter the other Dangerous Waste Number that can be used to describe the waste. In column D(2) on that line enter "Included with above" and make no other entries on that line.

3. Repeat step 2 for each other Dangerous Waste Number that can be used to describe the dangerous waste.

EXAMPLE FOR COMPLETING SECTION IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

L I N E .	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES				
	1. PROCESS CODES (enter)			2. PROCESS DESCRIPTION (if a code is not entered in D(1))				
X-1	K054	900	P	T03	D80			
X-2	D002	400	P	T03	D80			
X-3	D001	100	P	T03	D80			
X-4	D002			T03	D80			included with above
1	FOO1	7700	P	T01	S01			Evaporation/Container Storage
2	F002		↓	↓	↓			↓
3	F003		↓	↓	↓			↓
4	F005		↓	↓	↓			↓
5	WP01		↓	↓	↓			↓
6	WC01		↓	↓	↓			↓
7	WT01		↓	↓	↓			↓
8	D001		↓	↓	↓			Included With Above
9								
10								
11								

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM SECTION D(1) ON PAGE 3.

VIII. FACILITY OWNER

- ☒ A. If the facility owner is also the facility operator as listed in Section VII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.
- ☐ B. If the facility owner is not the facility operator as listed in Section VII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

Michael J. Lawrence, Manager
U.S. DOE, Richland Operations

SIGNATURE

Michael J. Lawrence

DATE SIGNED

03/27/1990

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

SEE ATTACHMENT

SIGNATURE

DATE SIGNED

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

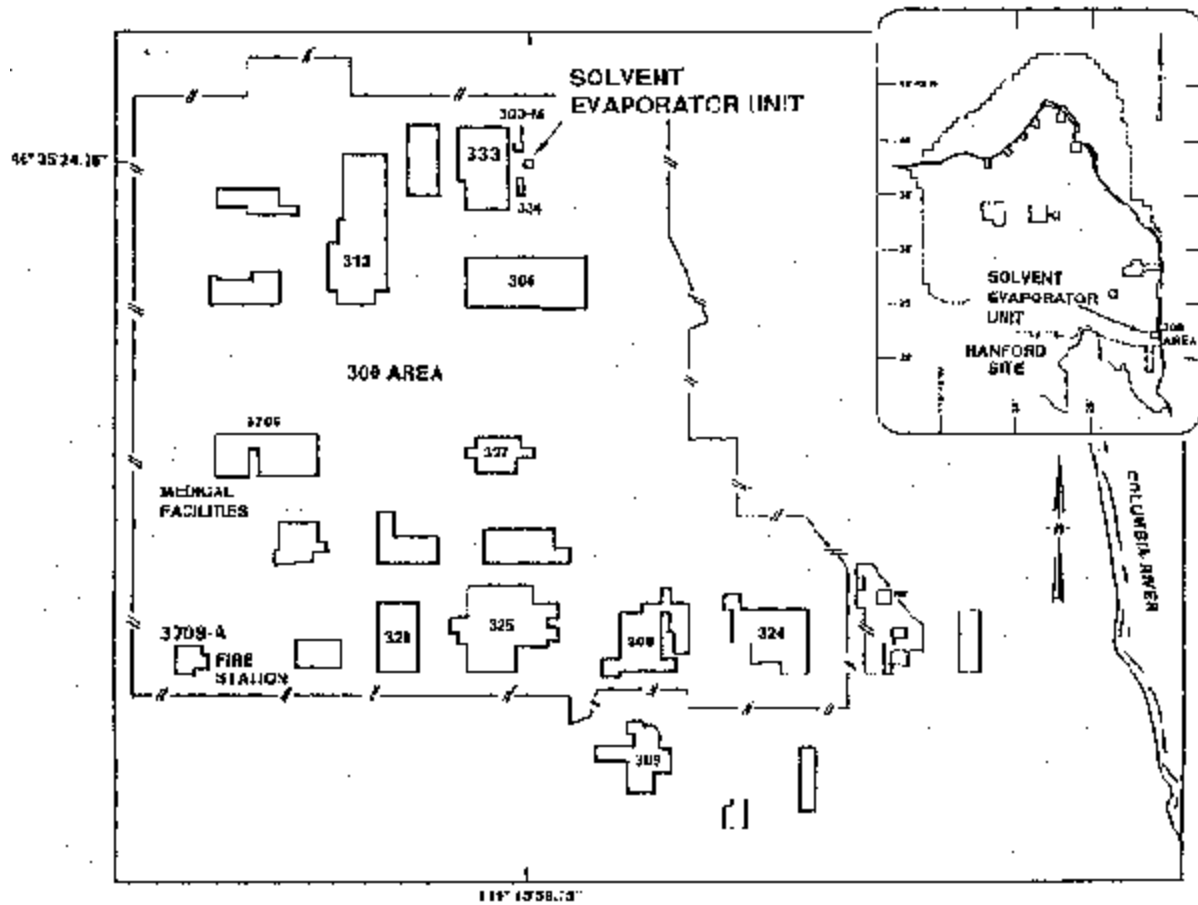
Michael J. Lawrence
Owner/Operator
Michael J. Lawrence, Manager
U. S. Department of Energy
Richland Operations Office

3/27/90
Date

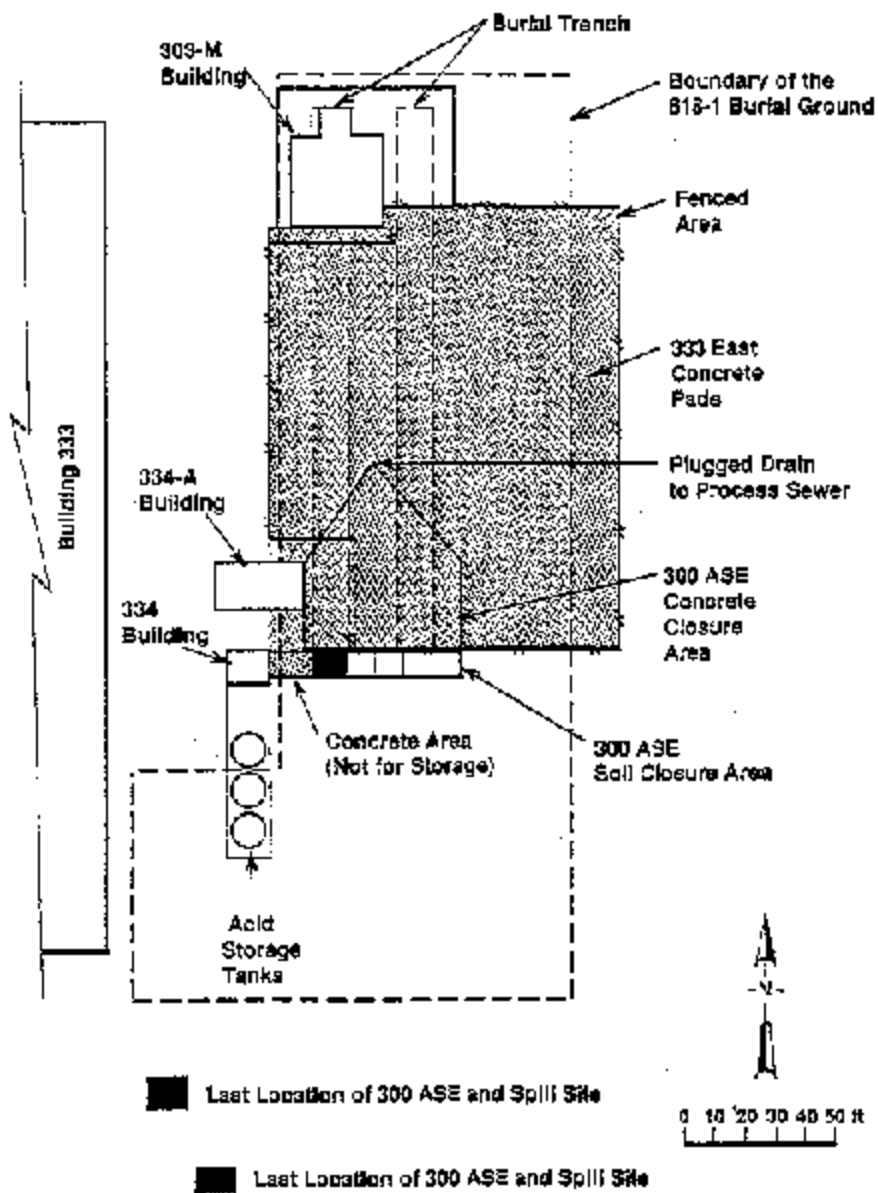
John R. Nolan
Co-Operator
John E. Nolan, President
Westinghouse Hanford Company

3/5/90
Date

300 AREA SOLVENT EVAPORATOR UNIT



78811107.3



300 AREA SOLVENT EVAPORATOR UNIT



46°35'24.76"
119°15'59.75

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(PHOTO TAKEN 1985)